

广州中医药大学(爱尔兰中医学院)

Guangzhou University of Chinese Medicine (GUCM) and
The Irish College of Traditional Chinese Medicine (ICTCM)

申请材料目录 Application Procedures and Documents

On application to either the Master of Chinese Medicine or Doctor of Chinese Medicine Degree, you are required to complete and submit the following:

一、入学申请表 (考生填写 , 贴照片)

1. Application Form with 2 photos – on page 1 and page 3

二、专家介绍信 (机密推荐书 1、2)

2. Two Recommendation Letters from referees

三、准考证 (考生贴照片 , 其余项目由招生单位填写)

3. Entrance Exam Permit/Application Form All accepted students will need to undertake a GUCM Entrance examination. (At the application stage, applicants only need to provide a photo for this form. The information will be completed by GUCM).

四、身份证、毕业证、学位证、护照等有效证件的复印件

4. Copies of passport, graduation certificates, degree certificates and (where relevant) English Language qualifications.

5. If your TCM qualification is not a Bachelor degree recognized by GUCM, or a Lic.TCM from ICTCM, you must submit a full record of your TCM studies, syllabus and clinical training.

6. If applying for a Doctoral Degree you must provide evidence that you already have a recognized Masters Degree.

7. If you are a Foreign (i.e. non-EU) national already residing in the EU. You must provide evidence of your continuing right to reside/work/study in the EU.

8. Additional information will be requested if required by either GUCM, ICTCM or the relevant government departments of Ireland or China.

9. An Application fee of €200 must be submitted in the form of a Cheque or Bankers Draft, made payable to ICTCM. This is a one-off, non-returnable fee to process your application and does not constitute part of the tuition fee nor does it guarantee acceptance onto the programme.

10. After receipt of the above, applicants may be asked to attend an interview at ICTCM in Dublin or to undertake a telephone interview.

The above application documents should be returned, by normal post (not Registered Post) to:
The Registrar, Postgraduate Office, ICTCM House, Merchants Road, Dublin 3, Ireland.

广州中医药大学(爱尔兰中医学院)

201_ 年外国留学博士硕士研究生入学申请表

APPLICATION FORM FOR THE ENROLMENT ON A MASTER/DOCTOR DEGREE IN GUANGZHOU UNIVERSITY OF TCM FOR FOREIGN STUDENTS REGISTERED WITH THE IRISH COLLEGE OF TCM

(请用英文填写)

1. 姓 FAMILY NAME _____ 名 GIVEN NAMES _____

2. 称号 TITLE _____

3. 性别 SEX _____

4. 国籍 CURRENT NATIONALITY _____

5. 护照号码 PASSPORT NO. _____

6. 出生日期 DATE OF BIRTH _____ year _____ month _____ day

7. 出生地 PLACE OF BIRTH _____

8. 职业和单位 CURRENT JOB (If a student, give the name of your institution and your subject)

9. 永久通讯地址/PERMANENT HOME ADDRESS

10. 目前通讯地址/CURRENT MAILING ADDRESS (if different from permanent address)

11. 电话/TELEPHONE _____

12. 电子邮件/E-MAIL ADDRESS _____

13. 汉语熟悉程度 ENGLISH LANGUAGE PROFICIENCY (if non-native speaker)

很好/ excellent 好/good 一般/fair 不会/beginner

14. ENGLISH LANGUAGE QUALIFICATIONS (if non-native speaker)

贴
相
片

15. 本人学历(从高中开始)/GENERAL EDUCATION (Starting from high school)

校名/Name 地点/Location 专业/Major/Subject 时间/Dates attended 所获学位 Qualification

16.本人学历/CHINESE MEDICINE EDUCATION

校名/Name 地点/Location 专业/Major/Subject 时间/Dates attended 所获学位 Qualification

*Note: if your TCM qualification is not a Bachelor degree recognized by GUCM, or a Lic.TCM from ICTCM, you must submit a full record of your TCM studies, syllabus and clinical training.
If you are applying for a Doctoral Degree you MUST already have a recognized Masters Degree.*

17. 本人工作经历(从当前工作开始)/WORK EXPERIENCE (Starting from current position)

工作单位/Employer 地点/Location 时间/Dates attended 职位/Position

18. 拟攻读课程/PROGRAMME APPLIED FOR 硕士课程 Master's Programme ()

博士课程 Doctoral Programme ()

19. 报考专业/Intended Specialist Chinese Medicine Field_____

究方向/Intended Research Topic(if known)_____

20. Please complete a separate sheet explaining why you wish to undertake this programme and what you hope to achieve as a result of your Master/Doctoral Degree.

申请人签字:

日期:

SIGNATURE_____ DATE_____

I declare that the above information is, to the best of my knowledge, true, complete and accurate.

爱尔兰中医学院 201_ 年外国留学博士硕士研究生入学申请表

201_ SUPPLEMENTARY APPLICATION FORM FOR ENROLMENT ON A MASTER/DOCTOR DEGREE IN GUANGZHOU UNIVERSITY OF TCM FOR ALL STUDENTS REGISTERED WITH THE IRISH COLLEGE OF TCM

1. 姓 FAMILY NAME _____ 名 GIVEN NAMES _____

2. 称号 TITLE _____

3. 性别 SEX _____

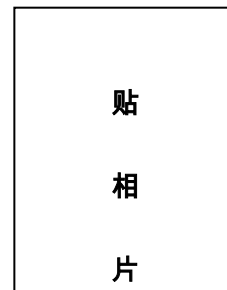
4. 国籍 CURRENT NATIONALITY _____

5. PREVIOUS NATIONALITY (if applicable) _____

5. 护照号码 PASSPORT NO. _____

6. 出生日期 DATE OF BIRTH _____ year _____ month _____ day

7. 出生地 PLACE OF BIRTH _____



STUDENTS OF EU NATIONALITY:

Please tick

8. Please indicate if you wish to study Full time () or Part time ()

9. I understand that as a full time student I would be required to live in Ireland during the academic year when I was not studying in Guangzhou. ()

10. I understand that as a part-time student I would be able to continue to live in my normal EU country of residence and would only have to attend for part time study in Dublin, Ireland or Guangzhou, China to complete the necessary Registration, Entrance Examination/s, Taught Modules, Assessments and, where applicable, Research. ()

INTERNATIONAL STUDENTS:

11. I understand that as an International student I can only apply for the Full Time Course and that I will be required to live in Ireland during the academic year, when I was not studying in Guangzhou, and to attend the Irish College of TCM in Dublin on a full-time basis. ()

11. I understand that my acceptance onto the programme, and my participation in it, is subject to my obtaining the necessary Visas to permit me to reside in Ireland for the duration of the programme. I accept responsibility for obtaining and paying for the necessary Visa and meeting all the necessary conditions of the student Visa. ()

12. I understand that in order to meet the requirements of the programme I will be required to attend GUCM on at least two occasions to register with Guangzhou University of Chinese Medicine and the Chinese Department of Education, to undertake some of my Masters/Doctoral studies, and to defend my thesis. I accept that it is my responsibility to obtain and pay for the necessary Visas to enable me to visit and study in China. ()

申请人签字:

日期:

SIGNATURE _____

DATE _____

I declare that the above information is, to the best of my knowledge, true, complete and accurate.

机密推荐书 (1)

CONFIDENTIAL RECOMMENDATION FORM

以下各项由推荐专家填写 (推荐人必须曾任高级讲师或以上教职)

To be completed by the Referee(who must be at the level of senior lecturer or above).

1、请就表中所列各项，对申请人之能力作评价

Please rate the applicant's abilities in the following respects.

	优异 excellent (upper %)	良好 Good (6-20%)	满意 Satisfactory (21-50%)	普通或以下 Average or below (lower 50%)	无从判断 No basis for judgment
智能 Intellectual ability					
对拟攻读学科之知识程度 Knowledge in subject of proposed study					
中文程度 Knowledge of English					
创造力 Initiative					
毅力 Perseverance					
判断力 Judgment					

2.请写出对申请人之评语以供甄别参考。如有需要请另纸书写附上。

Please give general comments which may be of assistance in assessing the suitability of the applicant to undertake a Masters/Doctoral Degree in Chinese Medicine. Attach a separate sheet if necessary.

3.推荐人情况介绍。Information about the Referee.

推荐人姓名

Referee's Name: _____

签署

Signature: _____

请用正楷(In Block Letters)

职位

Position: _____

日期

Date: _____

学术机构名称

Name of Educational Institute: _____

学术机构地址

Address of Educational Institute: _____

电话

Telephone: _____

电子邮件

E-Mail Address : _____

机密推荐书 (2)

CONFIDENTIAL RECOMMENDATION FORM

以下各项由推荐专家填写 (推荐人必须曾任高级讲师或以上教职)

To be completed by the Referee(who must be at the level of senior lecturer or above).

1、请就表中所列各项，对申请人之能力作评价

Please rate the applicant's abilities in the following respects.

	优异 excellent (upper %)	良好 Good (6-20%)	满意 Satisfactory (21-50%)	普通或以下 Average or below (lower 50%)	无从判断 No basis for judgment
智能 Intellectual ability					
对拟攻读学科之知识程度 Knowledge in subject of proposed study					
中文程度 Knowledge of English					
创造力 Initiative					
毅力 Perseverance					
判断力 Judgment					

2.请写出对申请人之评语以供甄别参考。如有需要请另纸书写附上。

Please give general comments which may be of assistance in assessing the suitability of the applicant to undertake a Masters/Doctoral Degree in Chinese Medicine. Attach a separate sheet if necessary.

3.推荐人情况介绍。Information about the Referee.

推荐人姓名

Referee's Name: _____

签署

Signature: _____

请用正楷(In Block Letters)

职位

Position: _____

日期

Date: _____

学术机构名称

Name of Educational Institute: _____

学术机构地址

Address of Educational Institute: _____

电话

Telephone: _____

电子邮件

E-Mail Address : _____

广州中医药大学 201 年外国留学博士/硕士研究生入学考试准考证

Entrance Examination Application Form

Please provide an additional photograph for the Entrance Examination Application Form.
This form will be completed on your behalf by GUCM once your application has been provisionally approved.